

a Control number		Void <input type="checkbox"/>		For Official Use Only OMB No. 1545-0008	
b Employer identification number 84-9876543		1 Wages, tips, other compensation 9672.00	2 Federal income tax withheld 745.00		
c Employer's name, address, and ZIP code ABC COMPANY 1234 MAIN ST. ANY TOWN, UT 84000		3 Social security wages 9672.00	4 Social security tax withheld 599.66		
		5 Medicare wages and tips 9672.00	6 Medicare tax withheld 140.24		
		7 Social security tips	8 Allocated tips		
d Employee's social security number 123-45-6789		9 Advance EIC payment	10 Dependent care benefits		
e Employee's first name and initial Last name JOHN J. TAXPAYER 900 N 500 W MY TOWN, UT 84000		11 Nonqualified plans	12a		
		13 Statutory employee Retirement plan Third-party Sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	12b		
		14 Other	12c		
f Employee's address and ZIP code			12d		
15 State UT	Employer's state I.D. no. Y12345	16 State wages, tips, etc. 9672.00	17 State income tax 336.20	18 Locality name	19 Local wages, tips, etc.
					20 Local income tax

Form **W-2** Wage and Tax **2005** Statement
Copy 1 For State, City, or Local Tax Department

Employer Identification Number (EIN)

State ID and State Account Number (must be "UT")

**Utah taxes withheld
State wages, tips, etc.**